

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>5/6/04</u>		2 Serial/Patent # <u>08/147,941</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
<input checked="" type="checkbox"/>	Other <u>1461</u>	<u>15</u>	<u>3/24/04</u>	\$ <u>236.</u>								
		7 TOTAL AMOUNT OF REFUND		\$ <u>236.</u>								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td></tr></table>				2	3	--	3	0	0	0
2	3	--	3	0	0	0						
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Terin Vingle</u>		TITLE: <u>Patent Agent</u>										
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-5684</u>										
OFFICE: <u>Petition</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>		DATE: <u>5-7-04</u>										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*